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## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT IND. DEP. IND. IND. DEP. IND. DEP. ٠, TOTAL IND. TOTAL IND. TOTAL DEP. \*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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